

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03698
Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
City or town Holdsboro Rural
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 16 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
City or town Holdsboro Rural
(If outside city or town limits, write RURAL and give nearest town)

Street No. _____
(If rural, give LOCATION)

2.(a) If veteran, name war _____

3. (a) FULL NAME

George Walter Breeding Jr.

3. (b) Social Security Number

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Single

6. (b) Name of husband or wife

7. Birth date of deceased (mo., day, yr.)

Dec. 11 - 1946

6. (c) If alive, give age _____ years

8. AGE:

Years

Months

Days

If less than one day

145

hrs.

min.

9. Birthplace

Greensboro, Caroline, Md.

(Town, county, and state)

10. Usual occupation

11. Industry or business

12. Name George Walter Breeding

13. Birthplace

Holdsboro, Md.

14. Maiden name

Mary Catherine Vorwill

15. Birthplace

Greensboro, Md.

16. Informant

George Breeding

Address

Holdsboro, Md.

17. Burial

(Burial, cremation, or removal, which?)

Date thereof

4/19/48

(month) (day) (year)

Cemetery or crematory

Mt. Olive

Location

Near Holdsboro, Md.

18. Funeral director

Raymond B. Rawlings

Address

Greensboro, Md.

19. 4/17

(Date rec'd by registrar)

19. 48

a clock Smith

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 16 1948 at 11:40 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

April 14 1948 to April 16 1948and that I last saw him alive on April 15 1948Immediate cause of death Cerebral hemorrhage

DURATION

8 1/2 days

Due to

Spinal Bifida

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

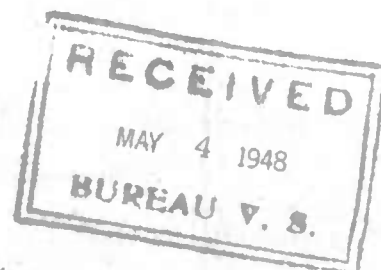
Chas. H. Spearfink

M. D. Feb.

Address

Date signed

April 16 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03694

64

Reg. Diat. No.

1. PLACE OF DEATH:

County Caroline
 City or town Federalsburg R.F.D.
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 55 yrs.
 Hospital, institution, or street address where death occurred:
R.F.D.
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalsburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 278
 (If rural, give LOCATION)
 2. (a) If veteran, name war no

3. (a) FULL NAME

Edward Donovan

3. (b) Social Security Number

none

4. Sex male 5. Color or race white 6. (a) Single, married, widowed, or divorced married
 6. (b) Name of husband or wife Lucy Donovan
 6. (c) If alive, give age 60 years

7. Birth date of deceased (mo., day, yr.) May 6, 1882
 8. AGE: Years 65 Months 11 Days 15 If less than one day _____ hrs. _____ min.

9. Birthplace Farmington, Del.
 (Town, county, and state)

10. Usual occupation Farmer

11. Industry or business II

FATHER 12. Name Robert Donovan
 13. Birthplace Del.

MOTHER 14. Maiden name Catherine Johnson
 15. Birthplace Del.

16. Informant Roy Donovan
 Address Federalsburg, Md.

17. burial Date thereof 4/24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Bloomery Cem.
 Location near Federalsburg

18. Funeral director Adams & Williamson
 Address Federalsburg, Md.

19. apr 24 48 Reggie Vaillo
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 21 19 48 at 6:30 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____ to _____ 19 _____ and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

gun shot wound in head suicide suicide

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

_____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, till in the following:

Accident, suicide, or homicide suicide Date of 4/21/48
 Where did injury occur? in Federalsburg Caroline Md
 (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) Home

Means of injury gun shot wound Injured at work? —

23. SIGNATURE James D. George M. D. or other _____

Address Dr. J. D. George Date signed 4/23/48

RECEIVED

APR 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03695

Reg. Dist. No. 60

1. PLACE OF DEATH:

County..... Caroline
 City or town..... Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death?..... 40 Yrs.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution?..... X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... Caroline
 City or town..... Marydel Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No.....
 (If rural, give LOCATION)
 2.(a) If veteran, name war..... X

3. (a) FULL NAME

Alexander Hackett

3. (b) Social Security Number

X

4. Sex..... Male 5. Color or race..... Col. 6.(a) Single, married, widowed, or divorced..... Single
 6.(b) Name of husband or wife.....
 7. Birth date of deceased (mo., day, yr.)..... April 4, 1908 6.(c) If alive, give age..... years
 8. AGE: Years..... 40 Months..... 0 Days..... 17 If less than one day..... hrs. min.

9. Birthplace..... Marydel, Caroline, Maryland.
 (Town, county, and state)

10. Usual occupation..... Laborer

11. Industry or business..... X

FATHER 12. Name..... Wm. H. Hackett
 13. Birthplace..... Marydel, Maryland.

MOTHER 14. Maiden name..... Gertrude S. Gibbs
 15. Birthplace..... Marydel, Maryland.

16. Informant..... Wm. H. Hackett
 Address..... Marydel, Maryland. Rural

17. Burial Date thereof..... 4/24/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory..... Mt. Zion

Location..... Near Marydel, Maryland.

18. Funeral director..... Raymond B. Rawlings
 Address..... Greensboro, Maryland.

19. 4/24 19 48 A. Clark Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH..... April 21 19 48 at 945 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 18 19 48 to April 21 19 48
 and that I last saw him alive on April 21 19 48

Immediate cause of death..... Cerebral Hemorrhage

DURATION

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

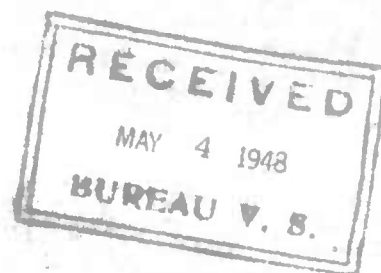
Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury..... Injured at work?

23. SIGNATURE..... A. Clark Smith M. D. or other

Address..... Date signed..... 4/24/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

03696

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Carroll

City or town Brownsville
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 2 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Talbot

City or town Boston
(If outside city or town limits, write RURAL and give nearest town)

Street No. 1
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME

William C. Hearns

3. (b) Social Security Number

✓

4. Sex M 5. Color or race W 6.(a) Single, married, widowed, or divorced Widowed

6.(b) Name of husband or wife Betty K. Mohr

7. Birth date of deceased (mo., day, yr.) May - 1938 6.(c) If alive, give age..... years

8. AGE: Years 88 Months 0 Days 0 If less than one day..... hrs. min.

9. Birthplace Bowling Green, Maryland
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

12. Name Robert B. Hearns

13. Birthplace Md

14. Maiden name Charlotte Smith

15. Birthplace Md

16. Informant W. Virgil Hearns

Address Boston, Md.

17. Buried Date thereof April 28, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cambridge

Location Cambridge Rd

18. Funeral director W. Virgil Hearns

Address Boston, Md.

19. 4/27 19 48 N.H. Neer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 27 19 48 at 2:40 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 21 19 48 to April 27 19 48 and that I last saw him alive on April 26 19 48

Immediate cause of death Cerebral Cerebrovascular Disease

Due to Cerebrovascular Disease

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Charles H. Sturges M. D. or other

Address Brownsville, Md. Date signed 4-27-48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAY 6 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

03697

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 40 yrs.
Hospital, institution, or street address where death occurred:
River Rd.
How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Federalsburg
(If outside city or town limits, write RURAL and give nearest town)
Street No. River Rd.
(If rural, give LOCATION)
2.(a) If veteran, name war no

3. (a) FULL NAME

Ollie H. Hubbard

3. (b) Social Security Number

none

4. Sex. 5. Color or race 6.(a) Single, married, widowed, or divorced

Male white widowed

6.(b) Name of husband or wife Jane hubbert

7. Birth date of deceased (mo., day, yr.) August 5, 1865
6.(c) If alive, give age years

8. AGE: Years Months Days If less than one day
82 8 14 hrs. min.

9. Birthplace Federalsburg
(Town, county, and state)

10. Usual occupation retired farmer

11. Industry or business H H

12. Name unknown

13. Birthplace Md.

14. Maiden name Angilene Hubbert

15. Birthplace Md.

16. Informant Mrs. Madge Christopher

Address Federalsburg, Md.

17. burial Date thereof 4/22/48
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Hillcrest Cem.

Location Federalsburg, Md.

18. Funeral director Adams & Williamson

Address Federalsburg, Md.

19. Apr 22 19 48 W. E. Lippman
(Date rec'd by registrar) (month) (day) (year) W. E. Lippman Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 19th. 19 48 at 8:15 P.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 19th 19 48 to April 19 19 48
and that I last saw him/her alive on April 19th. 19 48

Immediate cause of death CORONARY-THROMBOSIS. DURATION 15 MIN

Due to Generalized Arteriosclerosis.

Due to ✓

Other conditions ✓

(Include pregnancy within 3 months of death)

Major findings of operations ✓ Date of op. ✓

Autopsy results ✓
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide ✓ Date of ✓

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) ✓

Means of injury ✓ Injured at work? ✓

23. SIGNATURE W. E. Lippman M. D. or other

Address Federalsburg Md. Date signed 4/22/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 24 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03698

CERTIFICATE OF DEATH

Reg. Dist. No. **86**

1. PLACE OF DEATH:

County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 Mo.
 Hospital, institution, or street address where death occurred:

 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Ridgely Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2.(a) If veteran, name war _____ X

3. (a) FULL NAME

Annie Jackson

3. (b) Social Security Number

X

4. Sex F. 5. Color or race Col. 6. (a) Single, married, widowed, or divorced Married
 6. (b) Name of husband or wife George Jackson
 6. (c) If alive, give age 76 years
 7. Birth date of deceased (mo., day, yr.) March 20, 1873
 8. AGE: Years 75 Months 1 Days 28 If less than one day _____ hrs. _____ min.

9. Birthplace Kent Island, Maryland.
 (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business X

MOTHER FATHER
 12. Name John Weeks
 13. Birthplace Maryland
 14. Maiden name No record
 15. Birthplace Maryland

16. Informant George Jackson
 Address Ridgely, Maryland.

17. Burial Date thereof 4/20/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Chester
 Location Chester, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. April 17, 1948 Mary E. Laird
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 17, 1948, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 16, 1948 to April 17, 1948
 and that I last saw her alive on April 16, 1948

Immediate cause of death Cardiac Insufficiency DURATION 2 days
General arteriosclerosis 25 yr

Due to _____
 Due to _____
 Other conditions Pulmonary Tuberculosis
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE George Jackson M. D. or other _____
Ridgely Address _____ Date signed 4-17-48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 20 1948
BUREAU V. S.

RECEIVED
APR 20 1948
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 166

03699

CERTIFICATE OF DEATH

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 20 yrs.
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Greensboro
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)

2.(a) If veteran, name war.

3. (a) FULL NAME

Annie Murphy

3. (b) Social Security Number

218-01-6915

4. Sex F. 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Raymond

7. Birth date of deceased (mo., day, yr.) Nov. 6 1907 6.(c) If alive, give age 44 years

8. AGE: Years 40 Months 3 Days 10 It less than one day _____ hrs. _____ min.

9. Birthplace Goldsboro Caroline, Md.
 (Town, county, and state)

10. Usual occupation Lumber Worker

11. Industry or business

12. Name Fred. Larramore

13. Birthplace Maryland

14. Maiden name Louie Larramore

15. Birthplace Idel.

16. Informant Louis C. Murphy

Address Greensboro Md.

17. Burial Date thereof 4/10/48
 (Burial, cremation, or removal (Which?) (month) (day) (year))

Cemetery or crematory Greensboro

Location Greensboro Md.

18. Funeral director Raymond B. Rawlings

Address Greensboro, Md.

19. Apr 10 1948 L. M. Liggins
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 6 1948 at 7:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19____ to _____ 19____

and that I last saw him _____ alive on _____ 19____

Immediate cause of death _____

Intestinal Hemorrhage & sudden

gun shot wound in

back

Due to _____

Other conditions _____

(Include pregnancy within 8 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of 4/6/48

Where did injury occur? Real Greensboro Caroline Md.

(City or town) _____ (County) _____ (State) _____

Injured at home, farm, industry, public place (where?) Public Road

Means of injury gun shot wound Injured at work? _____

23. SIGNATURE Samuel O. George

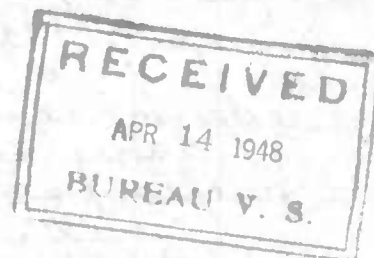
Deputy Medical Examiner M. D. or other _____

Address Denton Date signed 4/8/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH ENFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03700

Reg. Dist. No. 61

1. PLACE OF DEATH:

County Caroline
 City or town Greensboro Rural
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County CarolineCity or town Greensboro
(If outside city or town limits, write RURAL and give nearest town)Street No. _____
(If rural, give LOCATION)

2. (a) If veteran, name war _____

3. (a) FULL NAME

Raymond Lewis Murphy

3. (b) Social Security Number

217-07-3867

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife

Annie

7. Birth date of

deceased (mo., day, yr.)

Feb. 3 - 1905

8. AGE:

Years

Months

Days

If less than one day

4421

hrs.

min.

9. Birthplace

Greensboro, Caroline, Md.
(Town, county, and state)

10. Usual occupation

Laborer

11. Industry or business

12. Name Herbert Murphy

13. Birthplace

Greensboro, Md.

14. Maiden name

Lydia Thomas

15. Birthplace

Maryland

16. Informant

Louis C. Murphy

Address

Greensboro, Md.

17. Burial

(Burial, cremation, or removal, which?)

Greensboro

Cemetery or crematory

Greensboro, Md.

Location

18. Funeral director Raymond B. Rawlings

Address

Greensboro, Md.19. Apr. 10

(Date rec'd by registrar)

19 48S. Murphy

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

April 6 1948 at 2:30 A. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

.....19....., to.....19.....

and that I last saw him.....alive on.....19.....

Immediate cause of death

External HemorrhageDue to Gun shot in left chestSelf-inflicted

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 4/6/48Where did injury occur Real Reunion Casino, Md.
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Public RoadMeans of injury Gun shot wound Injured at work? -

23. SIGNATURE

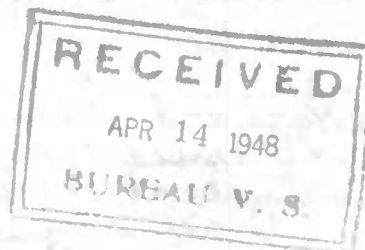
Dr. J. D. George
Dr. J. D. George
Dr. J. D. George

M. D. or other

Address

Date signed

4/8/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 32 years
 Hospital, institution, or street address where death occurred:
Greenridge Road
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. Greenridge Road
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Lydia A. Pusey

3. (b) Social Security Number

None

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed
 6.(b) Name of husband or wife William A. Pusey
 6.(c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) September 2, 1873
 8. AGE: Years 74 Months 7 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Housework
 11. Industry or business Home
 12. Name Josh N. Jones
 13. Birthplace Dorchester County, Maryland
 14. Maiden name Essenth F. Williams
 15. Birthplace Dorchester County, Maryland

16. Informant Miss Reta F. Pusey
 Address Federalburg, Maryland
 17. Burial Date thereof April 27, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Hill Crest Cemetery
 Location Federalburg, Maryland
 18. Funeral director J. J. Frannstrom and Son
 Address Federalburg, Maryland
 19. April 26 1948 J. J. Frannstrom
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 25 1948 at 12:50 P.M.

21. I CERTIFY that death occurred on the day above stated; that I attended deceased from Mar 20 1948 to April 25 1948
 and that I last saw him alive on April 20 1948

Immediate cause of death
Cardio-vascular
renal disease

DURATION
1 yr.

Due to _____
 Due to _____

Other conditions Bronchopneumonia 1 month
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work?

23. SIGNATURE Frederick M. Angleson M.D.
Federalburg Md. M. D. or other _____
 Address _____ Date signed 4/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 60

1. PLACE OF DEATH:

County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 61 Yrs.
 Hospital, institution, or street address where death occurred:
 How long in hospital or institution? X

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Henderson Rural
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____
 (If rural, give LOCATION)
 2(a) If veteran, name war _____ X

3. (a) FULL NAME

Mollie E. Thomas

3. (b) Social Security Number

X

4. Sex F. 5. Color or race White 6. (a) Single, married, widowed, or divorced Widowed
 6. (b) Name of husband or wife James E. Thomas
 6. (c) If alive, give age _____ years
 7. Birth date of deceased (mo., day, yr.) May 2, 1860
 8. AGE: Years 87 Months 11 Days 23 If less than one day _____ hrs. _____ min.

9. Birthplace Queen Anne County, Md.
 (Town, county, and state)
 10. Usual occupation Housewife
 11. Industry or business X

MOTHER FATHER
 12. Name John Woolyhand
 13. Birthplace Maryland
 14. Maiden name No Record
 15. Birthplace Maryland

16. Informant Howard B. Thomas
 Address Henderson, Md Rural
 17. Burial Date thereof 4/27/48
 (Burial, cremation, or removal. Which?) (month) (day) (year)
 Cemetery or crematory Greensboro
 Location Greensboro, Maryland.

18. Funeral director Raymond B. Rawlings
 Address Greensboro, Maryland.

19. 4/26 48 A. Clark Smith
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

E.S.T.

20. DATE OF DEATH April 25 19 48 at 8.35 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 1947 to 4/24 19 48
 and that I last saw her alive on 4/24 19 48
 Immediate cause of death Of exhaustion

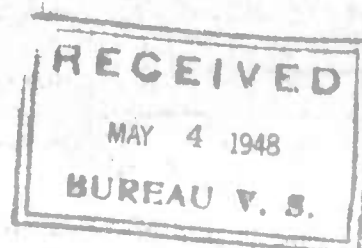
Other conditions Cardio-Vascular Changes
 Due to Age
 (Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide _____ Date of _____
 Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 Injured at home, farm, industry, public place (where?) _____
 Means of injury _____ Injured at work? _____

23. SIGNATURE A. J. Silver M. D. or other _____
Goldbrook
 Address _____ Date signed 4/26/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 42

1. PLACE OF DEATH:

County Caroline
 City or town Dorton
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 2 years
 Hospital, institution, or street address where death occurred:
9144
 How long in hospital or institution? no

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
 State Ind County Caroline
 City or town Dorton
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. _____ (If rural, give LOCATION)
 2. (a) If veteran, name war World War II

3. (a) FULL NAME

Clarence G. Wertz

3. (b) Social Security Number

4. Sex Male 5. Color or race white 6. (a) Single, married, widowed, or divorced married

6. (b) Name of husband or wife Edith Wertz
 6. (c) If alive, give age 31 years

7. Birth date of deceased (mo., day, yr.) January 19, 1912

8. AGE: Years 36 Months 2 Days 16 If less than one day _____ hrs. _____ min.

9. Birthplace Berry, Pa.
 (Town, county, and state)

10. Usual occupation broiler business

11. Industry or business _____

12. Name Alfred Wertz

13. Birthplace Pa.

14. Maiden name Addie Code

15. Birthplace Pa.

16. Informant Mrs. Edith Wertz

Address Dorton, Ind.

17. Buried Date thereof April 9, 1948
 (Burial, cremation, or removal) (month) (day) (year)

Cemetery or crematory Harvard Cem.

Location "

18. Funeral director Harold Williams

Address Harvard, Ind.

19. 4/5 19 48 Wm. D. S. George
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION 1948

20. DATE OF DEATH April 5, 1948, 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Due to Cerebral Aneurysm Immediate

Due to _____

Other conditions Arterio Sclerosis 1932

(Include pregnancy within 3 months of death)

Major findings of operations _____ Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work?

Signature Samuel D. George M. D. or other _____

Address Dorton Date signed 4/5/48

RECEIVED

• APR 10 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 63

1. PLACE OF DEATH:

County Caroline County
City or town Rural, Harmony
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 hours
Hospital, institution, or street address where death occurred:
Ganey's Wharf
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State Maryland County Caroline
City or town Choptank
(If outside city or town limits, write RURAL and give nearest town)
Street No. _____
(If rural, give LOCATION)
2.(a) If veteran, name war _____

3. (a) FULL NAME

James Phillip Wright

3. (b) Social Security Number

216-18-8988

4. Sex M 5. Color or race W 6. (a) Single, married, widowed, or divorced M

6. (b) Name of husband or wife Pearl B. Wright
6. (c) If alive, give age 52 years

7. Birth date of deceased (mo., day, yr.) Feb. 7, 1893

8. AGE: Years 55 Months 2 Days 9 If less than one day _____ hrs. _____ min.

9. Birthplace Choptank, Caroline Co., Maryland
(Town, county, and state)
Fishing

10. Usual occupation _____

11. Industry or business _____

12. Name Walter M. Wright

13. Birthplace Choptank, Maryland

14. Maiden name Jennie Pritchett

15. Birthplace _____

16. Informant Pearl B. Wright

Address Preston, Md.

17. Burial Date thereof April 19, 1948
(Burial, cremation, or removal, Which?) (month) (day) (year)

Cemetery or crematory Jr. O H A M

Preston, Maryland

Location Harry M. Hollis

18. Funeral director _____

Address Preston, Md.

19. 4/19 48 Cornelia Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 16 19 48 at 5 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from _____ 19 _____, to _____ 19 _____

and that I last saw him _____ alive on _____ 19 _____

Immediate cause of death _____ DURATION _____

Cardiac Deception Sudden

Due to _____

Due to Arterio Sclerosis ?

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings of operations _____

Date of op. _____

Autopsy results _____

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide _____ Date of _____

Where did injury occur? _____ (City or town) _____ (County) _____ (State)

Injured at home, farm, industry, public place (where?) _____

Means of injury _____ Injured at work? _____

23. SIGNATURE Wm. George M. D. or other _____

Dr. Eugene E. Evans Address _____ Date signed 4/19/48

MARGIN RESERVED FOR BINDING

VS A15 945-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 23 1948

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charlea St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 03705

1. PLACE OF DEATH:

County... Caroline
City or town... Preston, Maryland
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2 years
Hospital, institution, or street address where death occurred:
Main Street
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)
State... Maryland County... Caroline
City or town... Preston
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME

LULU ELIZABETH WRIGHT

3. (b) Social Security Number

220-12-1106

4. Sex F 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
6.(b) Name of husband or wife Fred N. Wright
6.(c) If alive, give age 65 years
7. Birth date of deceased (mo., day, yr.) Dec. 10, 1882
8. AGE: Years 65 Months 4 Days 11 If less than one day
.....hrs.min.

9. Birthplace Preston, Caroline, Maryland
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

12. Name Eli Larrimore
13. Birthplace Maryland

14. Maiden name Mary Cheezum
15. Birthplace Maryland

16. Informant Fred N. Wright
Address Preston, Maryland

17. Burial Date thereof Apr. 24, 1948
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Jr. O. U. A. M. Cemetery
Location Preston, Maryland

18. Funeral director H. M. Hollis
Address Preston, Maryland

19. April 23 19 48 Cornelia Plummer
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 22 19 48 at 2:15A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1/23/ 19 43 to April 22 19 48
and that I last saw h er alive on April 21 19 48

Immediate cause of death Acute Coronary Occlusion
DURATION 6 hrs

Due to Coronary Artery Sclerosis 5 yrs

Due to

Other conditions Hypertension Essential 10 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

.....Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE M. D. or other

Address Preston, Md Date signed 4/2/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 27 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

CERTIFICATE OF DEATH

03706

Reg. Dist. No. 64

1. PLACE OF DEATH:

County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 How long in above place of death? 4 years
 Hospital, institution, or street address where death occurred:
213 Buena Vista Avenue
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Caroline
 City or town Federalburg
 (If outside city or town limits, write RURAL and give nearest town)
 Street No. 213 Buena Vista Avenue
 (If rural, give LOCATION)
 2.(a) If veteran, name war

3. (a) FULL NAME

Willis S. Wright

3. (b) Social Security Number

None

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married
 6.(b) Name of husband or wife Rhoda E. Wright
 6.(c) If alive, give age 73 years
 7. Birth date of deceased (mo., day, yr.) September 25, 1868
 8. AGE: Years 79 Months 6 Days 19 If less than one day
 hrs. min.

9. Birthplace Caroline County, Maryland
 (Town, county, and state)
 10. Usual occupation Retired Farmer
 11. Industry or business Farm

FATHER 12. Name John Wright
 13. Birthplace Caroline County, Maryland
 MOTHER 14. Maiden name Lissa Collins
 15. Birthplace Caroline County, Maryland

16. Informant Mrs. Rhoda E. Wright
 Address Federalburg, Maryland
 17. Burial Date thereof April 17, 1948
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Concord Cemetery
 Location Near Federalburg, Maryland
 18. Funeral director J. J. Frampton & Son
 Address Federalburg, Maryland

19. April 16 19 48 J. J. Frampton
 (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH April 14 19 48 at 8 A. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
April 10 19 48 to April 14 19 48
 and that I last saw him alive on April 14 19 48

Immediate cause of death Cerebral Hemorrhage DURATION 4 days
Hypertension 5 yrs
 Due to
 Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings of operations
 Date of op.

Autopsy results
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
 Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Frank M. On Sean M.D. M. D. or other
Federalburg, Md. Date signed 4/20/48

RECEIVED

APR 23 1948

BUREAU V. S.